

County: Dodge

Facility ID: 5390

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MAYVILLE NURSING/REHABILITATION CENTER  
305 SOUTH CLARKMAYVILLE 53050 Phone: (920) 387-0354  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 102  
Total Licensed Bed Capacity (12/31/03): 102  
Number of Residents on 12/31/03: 100Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 99

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years		27.0	
Supp. Home Care-Personal Care	No					More Than 4 Years		43.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.0			7.0	
Day Services	No	Mental Illness (Org./Psy)	26.0	65 - 74	6.0			----	
Respite Care	Yes	Mental Illness (Other)	11.0	75 - 84	40.0			77.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	5.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.0		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	22.0	65 & Over	95.0	-----			
Transportation	No	Cerebrovascular	10.0		-----	RNs		6.3	
Referral Service	No	Diabetes	7.0	Gender	%	LPNs		13.3	
Other Services	No	Respiratory	5.0		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	16.0	Male	30.0	Aides, & Orderlies			
Mentally Ill	No		----	Female	70.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

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## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		%		%	%		%		%	%	%				
Int. Skilled Care	0	0.0	0	1	1.4	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Skilled Care	10	100.0	309	67	94.4	116	0	0.0	0	18	100.0	162	0	0.0	0	1	100.0	225	96	96.0
Intermediate	---	---	---	3	4.2	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		71	100.0		0	0.0		18	100.0		0	0.0		1	100.0		100	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	9.5	Bathing	0.0	93.0	7.0	100
Private Home/With Home Health	1.1	Dressing	14.0	79.0	7.0	100
Other Nursing Homes	7.3	Transferring	31.0	54.0	15.0	100
Acute Care Hospitals	78.2	Toilet Use	27.0	65.0	8.0	100
Psych. Hosp.-MR/DD Facilities	0.0	Eating	61.0	30.0	9.0	100
Rehabilitation Hospitals	0.6	*****				
Other Locations	3.4					
Total Number of Admissions	179	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.0	Receiving Respiratory Care	2.0	
Private Home/No Home Health	21.7	Occ/Freq. Incontinent of Bladder	68.0	Receiving Tracheostomy Care	2.0	
Private Home/With Home Health	10.3	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning	2.0	
Other Nursing Homes	2.3			Receiving Ostomy Care	1.0	
Acute Care Hospitals	31.4	Mobility		Receiving Tube Feeding	3.0	
Psych. Hosp.-MR/DD Facilities	1.1	Physically Restrained	2.0	Receiving Mechanically Altered Diets	39.0	
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	6.9	Skin Care		Have Advance Directives	90.0	
Deaths	26.3	With Pressure Sores	3.0	Medications		
Total Number of Discharges		With Rashes	0.0	Receiving Psychoactive Drugs	52.0	
(Including Deaths)	175					

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	84.6	1.15	87.2	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	77.0	75.5	1.02	78.9	0.98	69.7	1.11	76.7	1.00
Admissions from In-County, Still Residing	20.1	18.9	1.06	23.1	0.87	21.4	0.94	19.6	1.02
Admissions/Average Daily Census	180.8	152.9	1.18	115.9	1.56	109.6	1.65	141.3	1.28
Discharges/Average Daily Census	176.8	154.8	1.14	117.7	1.50	111.3	1.59	142.5	1.24
Discharges To Private Residence/Average Daily Census	56.6	63.8	0.89	46.3	1.22	42.9	1.32	61.6	0.92
Residents Receiving Skilled Care	97.0	94.6	1.03	96.5	1.01	92.4	1.05	88.1	1.10
Residents Aged 65 and Older	95.0	93.7	1.01	93.3	1.02	93.1	1.02	87.8	1.08
Title 19 (Medicaid) Funded Residents	71.0	66.0	1.08	68.3	1.04	68.8	1.03	65.9	1.08
Private Pay Funded Residents	18.0	19.0	0.95	19.3	0.93	20.5	0.88	21.0	0.86
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	37.0	31.3	1.18	39.6	0.93	38.2	0.97	33.6	1.10
General Medical Service Residents	16.0	23.7	0.67	21.6	0.74	21.9	0.73	20.6	0.78
Impaired ADL (Mean)	41.6	48.4	0.86	50.4	0.82	48.0	0.87	49.4	0.84
Psychological Problems	52.0	50.1	1.04	55.3	0.94	54.9	0.95	57.4	0.91
Nursing Care Required (Mean)	6.5	6.6	0.99	7.4	0.88	7.3	0.89	7.3	0.89